

Work Order ID 97546

97546

Page 1

February-21-13 3:00:11 PM

Item ID: D3217-3 Accept ***N900040100*** Setup Start ***NS1***
 Revision ID: Stop ***NS2***
 Item Name: Cable 80.5"
 Start Date: 3/01/13 Start Qty: 6.00 ***6*** Cust Item ID:
 Required Date: 3/01/13 Req'd Qty: 6.00 ***6*** Customer:
 Reference:

Approvals: Process Plan: MLJ Date: 13-02-25 Tooling: _____ Date: _____
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____
 Run Start ***NR1***
 Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
D3217	Rev C								
100		0.00							
100	PURCHASING								
Purchasing	Memo	0.00							
Purchasing	Issue P/O: <u>19201</u> for P/N: 173-VTT-4-80.5 Cable Possible Supplier: Danco Certificate of Conformity is required								
110	Receive & Inspect for Damage & Mat'l Certs	0.00							
110									
Packaging	Memo	0.00							
Packaging	Ensure certificate of conformity is attached								
120	QC6- Inspect dimensions to drawing	0.00							
120									
QC	Memo	0.00							
Quality Control									

CL 13/02/27 (6)

PC 13/3/8 (6)

6

0.00
0.00
1338

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

Work Order ID 97546***97546***

Page 2

February-21-13 3:00:11 PM

Item ID: D3217-3

Accept

N900040100Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Cable 80.5"

Start Date: 3/01/13

Start Qty: 6.00

6

Cust Item ID:

Required Date: 3/01/13

Req'd Qty: 6.00

6

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start ***NR1***

QC:

Date:

SPC (Y/N):

Date:

Stop ***NR2***Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

130

Identify as per dwg & Stock Location: **SI 203** 0.00***130***

Packaging

Memo

0.00

Packaging

6x **SP**
13-3-13

140

QC21- Final Inspection - Work Order Release

0.00

140

QC

Memo

0.00

Quality Control

MCS **13-03-13****13-03-13**

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION <div style="display: flex; justify-content: space-around;"> <div>Rework <input type="checkbox"/></div> <div>Skid-tube <input type="checkbox"/></div> <div>Crosstube <input type="checkbox"/></div> <div>Water Jet <input type="checkbox"/></div> <div>Engineering <input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-around;"> <div>Scrap <input type="checkbox"/></div> <div>Machining <input type="checkbox"/></div> <div>Small Fab <input type="checkbox"/></div> <div>Prod. Eng. Coord. <input type="checkbox"/></div> <div>Quality <input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-around;"> <div>Use-as-is <input type="checkbox"/></div> <div>Thermoforming <input type="checkbox"/></div> <div>Finishing <input type="checkbox"/></div> <div>Rec/Store/Packaging <input type="checkbox"/></div> <div>Other <input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-around;"> <div>Work Order Update <input type="checkbox"/></div> <div>Large Fab <input type="checkbox"/></div> <div>Composite <input type="checkbox"/></div> <div>Supplier <input type="checkbox"/></div> </div>	
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Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

Picklist Print

February-21-13 3:00:10 PM

Page 1

Work Order ID: 97546

Parent Item: D3217-3

Parent Item Name: Cable 80.5"

Start Date: 3/01/13

Required Date: 3/01/13

Start Qty: 6.00

Required Qty: 6.00

Comments: IPP A04.11.18New issueKJ/JLM
IPP Rev:B 08-10-07 revC as per dwg DD verified by:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
173-VTT-4-80.5 CABLE		Purchased	No			110	Each	0.0000	1	6			

13/3/8 (6)

NCR: Yes / No

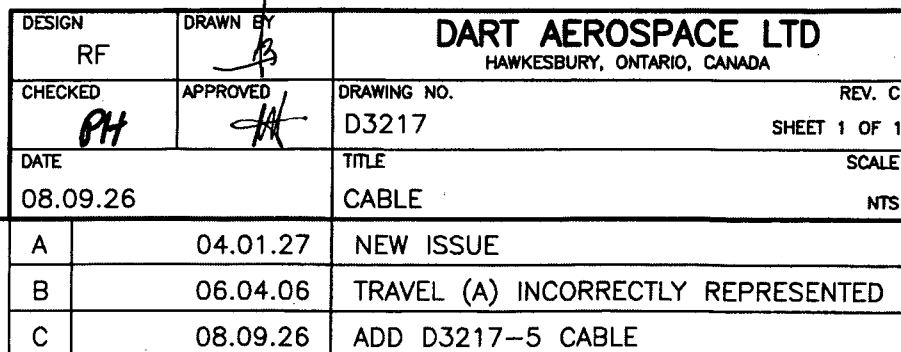
WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

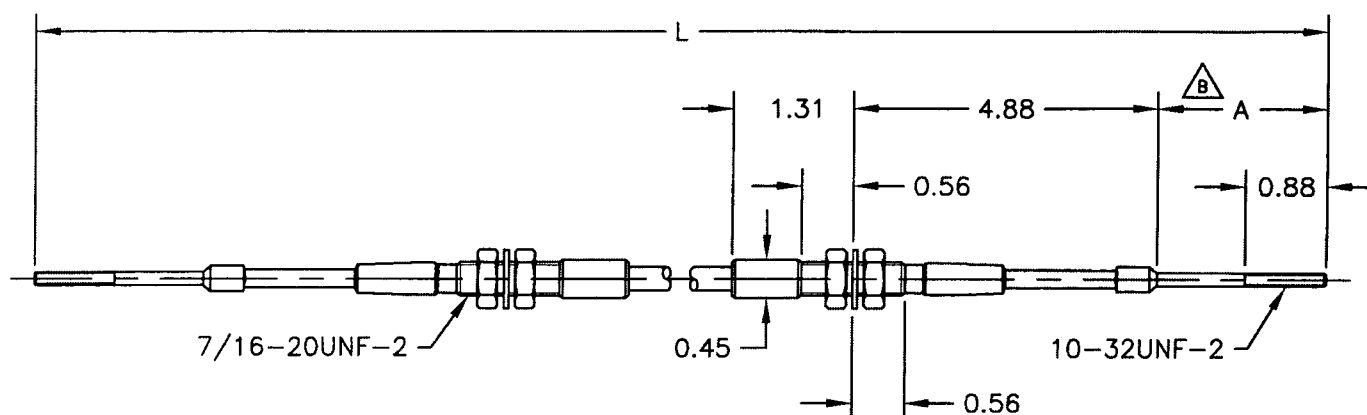
QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
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Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY				
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other



RELEASED
08-09-30



DART P/N	TRAVEL (A)	OVERALL LENGTH (L)	CABLE CRAFT P/N
D3217-1	4"	66.5"	173-VTT-4-66.5
D3217-3	4"	80.5"	173-VTT-4-80.5
D3217-5	4"	69.5"	173-VTT-4-69.5

97546MCS
13-02-25

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Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PURCHASE ORDER

Purchase Order ID **PO19201**

Purchase Order Date 2/27/13

PO Print Date 2/27/13

Page Number 1 of 1

Order From :

VC-DAN001

COMMERCIAL TRUCK EQUIPMENT
9475 - 192 STREET
SURREY, BC V4N 3R7
CA

Contact Name		Buyer	Chantal Lavoie
Vendor Phone	604 888 0513	Requisition Nbr	
Vendor Fax	604 888 1036	Tax Resale Nbr	10127-2607
Vendor Account Nbr		Terms	Net 30
		Currency	CAD
		FOB	Destination-Collect

Ship To : DART AEROSPACE LTD 1270 ABERDEEN
HAWKESBURY, ON K6A 1K7
CANADA

FXED
6/13/2013

Line Nbr	Reference Revision ID Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	Req Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
1	173-VTT-4-80.5	CABLE	3/04/13 Yes	6.00 Each	Purolator ground	\$60.0200	\$360.12

Special Inst: AS PER DWG D3217 EREV. C
B97546

PO Total: \$360.12

CERTIFICATE OF CONFORMITY
REQ'D UPON DELIVERY

Change Nbr: 1

Change Date: 2/27/13

No substitution or deviation without
consent.

Certificate of Conformity or Material
Certification required - YES NO

COMMERCIAL

TRUCK EQUIPMENT CO.

Invoice: 7179971
Order Date: 03/01/13
Inv Date: 03/01/13
Orig.order:
PAGE: 1

Bill to: 711688
DART AEROSPACE LTD.
1270 ABERDEEN STREET

Ship to:
DART AEROSPACE LTD.
1270 ABERDEEN STREET

HAWKESBURY ON K6A 1K7
613-632-5200

HAWKESBURY, ON K6A 1K7

P.O.#	PST#	VIA	REP#	ORD TKR:
PO19201	787810	FURO GD 7684382	800	BD

Ordered	Shipped	B/O	Description	BIN	Price	Price Ext
6.00	6.00	0.00	173-VTT-4-84		60.02	360.
EA			PUSH PULL CABLE			

ACTUAL CABLE

173-VTT-4-80.5

Now open Saturday 7:30 am to 2:30 pm

See reverse for conditions. Overdue accounts charged 19.56% per annum (1.5 per month)

COMMERCIAL

TRUCK EQUIPMENT CO.

9475 192 Street
Surrey, BC V4N 3R7
Ph: 604-888-0513
Fax: 604-888-1036

11199-48th Street SE
Calgary, AB T2C 5H4
Ph: 403-253-6421
Fax: 403-253-1873

9111-41 Ave.
Edmonton, AB T6E 6M5
Ph: 780-468-5151
Fax: 780-468-1565

1155 MacKay Street
Regina, SK S4N 4X9
Ph: 306-721-9575
Fax: 306-721-2214

GST/HST #83835 2052RT001

Subtotal	360.1:
Freight	0.0:
HST	0.0:
GST	18.0:
Order total	378.1:
Amount paid	0.0:

AMOUNT DUE 378.1: